

Permit To:

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY WATER DIVISION

For DEQ/Health Department Use

APPLICATION AND PERMIT TO INSTALL WATER SUPPLY FACILITIES

Completion is required under the authority of Part 13 Act 1976 PA Failure to comply will void this application

Well Permit Number
Corresponding Sewage Permit No.
WSSN

Alter a Public Water Supply Under Act 399, P.A. 1976 or Sanitary Code

Construct a Public Well Under Act 399, P.A. 1976 or Sanitary Code

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ESTABLISHMENT NAME	ADDRESS		CITY	ZIP
COUNTYTOWNSH	HIPTOWN	N/S RANGEE/W S	ECTION FRACTION_	1/41/41/4
	ADDRESS			
BUSINESS TELEPHONE/	OWNERSHIP: GOVERNMEN	NT PRIVATE	AVERAGE NO. OF PERSONS	SERVED PER DAY
NO. OF SERVICE CONNECTIONS	PREMISE TYPE	LICENSE TYPI	<u> </u>	
	(Campground, School, Air	rport, etc.)	(Campground, Food, DSS, M	figrant Labor, etc.)
IF SEASONAL: FROMTO	WELL CONTRACTOR	TELEPHONE/	PUMP INSTALI	.ER
APPLICANT'S NAME	ADDRESS		CITY	ZIP
granted. I further state the information given is			·	
Applicant's Signature				/
WELL SITE EVALUATION INFORMATION	(FOR DEO/HEALTH DEPARMTENT USE OF DATE OF EVALUATIONB		WELL CONSTRUCTION PERMI	T. APPROVAL/DENIAL
CLASSIFICATION: TYPE IIA	TYPE IIB			STRUCTION WITHOUT SIGNATURE
STANDARD ISOLATION AREA	FT. (IF ISOLATION DISTANCES ARE	LESS THAN ESTABLISHED	By	Date
MAJOR ISOLATION AREA	FT. MINIMUM STANDARDS, COMPI	LETE DEVIATIONS SECTION)	(Not valid unless signed by the hea	
PERMIT CONDITIONS/DEVIATIONS			REQUIRED MINIMUM CAPACI	TYGPM
FINAL INSPECTION DATE WELL: CASING TERMINATION APPRO		below.		limensions, in the space provided
WELL LOCATION APPROVED: Y		_	=	nination, including adjacent properties, 1. This drawing must be approved by the
WELL CONSTRUCTION SATISFAC	CTORY: YES NO		installation of the well. Please i	
VENTED: YES NO				
BURIED SUCTION LINE PROTECT	TED: YES NO			
PUMP: SHALLOW WELL JET DEF				
PIPING MATERIALS: MATERIAL PRESSURE RATINGPSI.	ASTM#			
STORAGE: TYPELOCATIONCAPACITYGALLONS	OPERATING RANGE			
TREATMENT: TYPE (IF ANY) LOCATION				
TEST RESULTS: BACTERIOLOGIC (1st)				
DATE COLLECTED				
NITRATE DATE COLLECTED	MG/L			
FUTURE BACTI SAMPLING: BY OWNER				
FREQUENCY: QUARTERLY ANNU				
WELL RECORD: DATE RECEIVED				
WATER SUPPLY APPROVED: YES	NO BY			
COMMENTS:	DATE			ter well record must be
			DEQ/health departmen	nt notified for final
		inspection and sam	pling of the well.	

Pink: Owner